







0756

State Board of Health File No. 0756

STATE OF UTAH-DEATH CERTIFICATE

Delilah Shelton Nye

If death occurred in a hospital or institution give the name of institution and number.

1 PLACE OF DEATH
County Wasatch
Precinct Antelope
Village
City Antelope No. 1 St. Ward

2 FULL NAME Delilah Shelton Nye
(a) Residence No. Antelope, Utah St. Ward
(USUAL PLACE OF ABODE)
Length of residence in city or town where death occurred 18 yrs. 11 mos. 11 days
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6a If Married, Widowed, or Divorced, HUSBAND OF (or) WIFE OF Wesley W. Nye
DATE OF BIRTH April 25, 1889
(Month) (Day) (Year)

7 AGE 39 yrs. 2 mos. 1 day
(If LESS than 1 day, hr. or min.)

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Homekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of Employer

9 BIRTHPLACE (City or town; State or Country) Midway, Utah

10 NAME OF FATHER Steven S. Shelton
BIRTHPLACE OF FATHER (State or Country) Provo, Utah

11 MOTHER'S NAME OF MOTHER Margaret Bonner
BIRTHPLACE OF MOTHER (State or Country) St. Johns, Ill.

12 Informant M. Nye
Address Antelope, Utah

13 Filed Feb. 26, 1929 2 B. B. B. B.
Registered Number 20 No. of Burial or Removal Permit 20

14 (No local registration)

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 26, 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1929, to Feb. 26, 1929, that I last saw him alive on Feb. 26, 1929, and that death occurred, on the date stated above, at 1 p.m.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
Toxic Adenoma of the
8 months pregnancy

Contributory (Secondary) nephritis interstitial
(Duration) yrs. mos. ds.

17 Where was disease contracted? If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Examination
(Signed) S. Miles Harris M. D.
Feb. 26, 1929 (Address) Provo, Utah

*State the DISPOSE OF THE BODY, or in death from VIOLENT CAUSES AND OF MANNER AND NATURE OF INJURY AND (c) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
19 UNDERTAKER
DATE OF BURIAL
ADDRESS

STATE OF UTAH — DEPARTMENT OF HEALTH

1 PLACE OF DEATH
County Duchesne
Precinct Antelope
Village Antelope
City Antelope No. 18 St. W Ward 1
State Board of Health File No. 18

2 FULL NAME Delilah Shelton Nye
(n) Residence. No. Antelope, Utah St. W
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
Length of residence in city or town where death occurred 18 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
6a If Married, Widowed, or Divorced, HUSBAND OF (OR) WIFE OF Clair W. Nye
7 DATE OF BIRTH April 25 1889
(Month) (Day) (Year)
8 AGE 40 yrs. 2 mos. 1 day, 1 hr. 1 min. If LESS than 1 day, hr. min.
9 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Homekeeper (b) General nature of industry, business, or establishment in which employed (or employer) Midwives (c) Name of Employer Utah
10 BIRTHPLACE (City or town) (State or Country) Utah
11 NAME OF FATHER Steven S. Shelton
12 BIRTHPLACE OF FATHER (State or Country) Provo, Utah
13 MAIDEN NAME OF MOTHER Margaret Bonner
14 BIRTHPLACE OF MOTHER (State or Country) St. Johns, Ill.
15 Informant Wm. Nye
Address Antelope, Utah
16 Filed Feb 26 1929 J. B. Rector Registrar
Registered Number 170 No. of Burial or Removal Permit 22
21 No burial required

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Feb 26 1929
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1929, to Feb 26, 1929, that I last saw him alive on Feb 26, 1929, and that death occurred, on the date stated above, at 1 p.m.
The CAUSE DEATH* was as follows:
Bronchial Pneumonia
toxic Adenoma of the
8 months pregnancy
(Duration) yrs. mos. ds.
Contributory Nephritis interstitial
(Secondary) (Duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of No
Was there an autopsy? No
What test confirmed diagnosis? Examination
(Signed) S. Miles Harris M. D.
Feb. 26, 1929 (Address) Provo, Utah
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL (See reverse side for additional space.)
19 PLACE OF BURIAL, CREMATION, OR REMOVAL Y DATE OF BURIAL 19
20 UNDERTAKER ADDRESS

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

R 09 2002

SL 132229



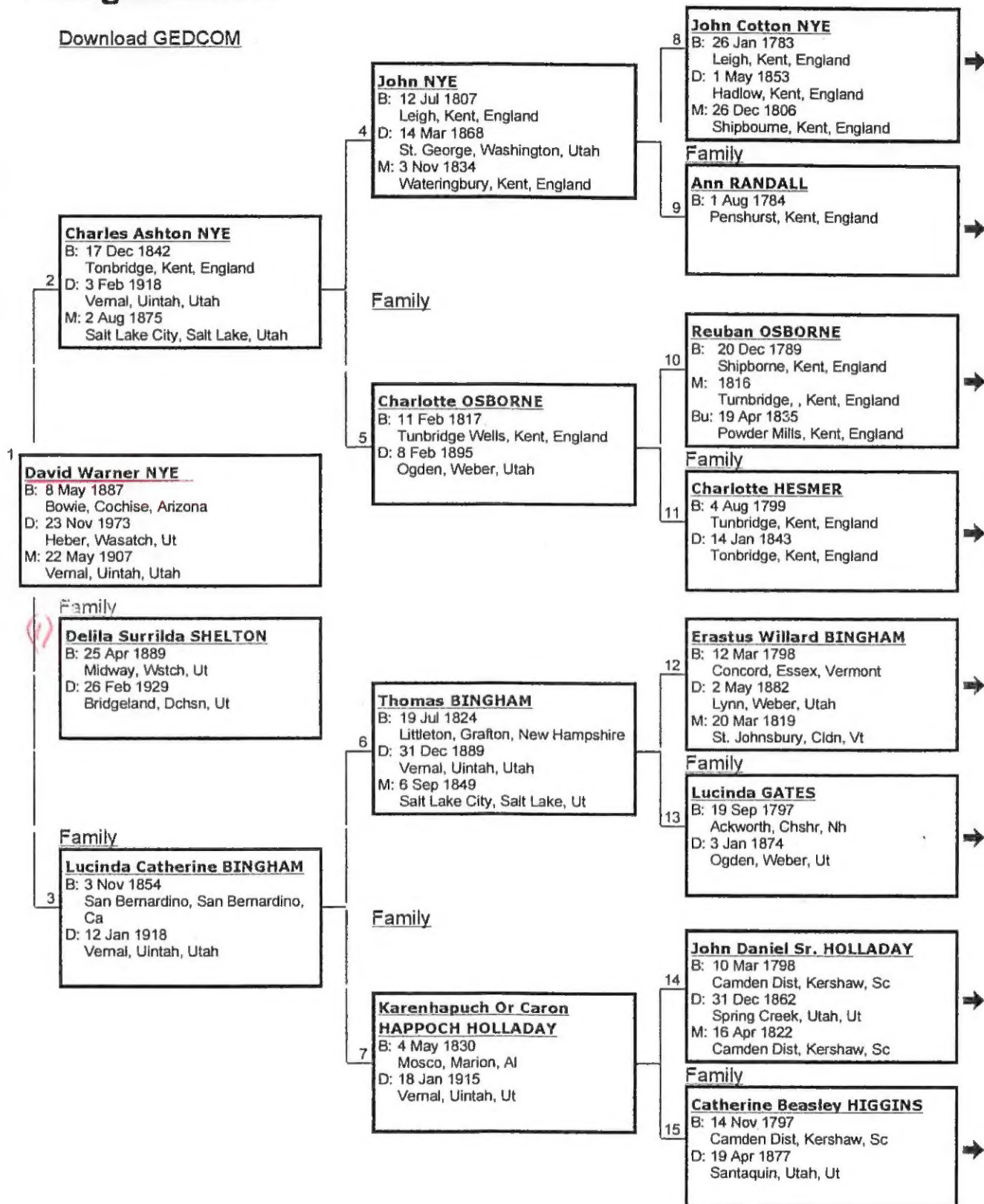
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Pedigree Chart

FamilySearch™ Ancestral File v4.19

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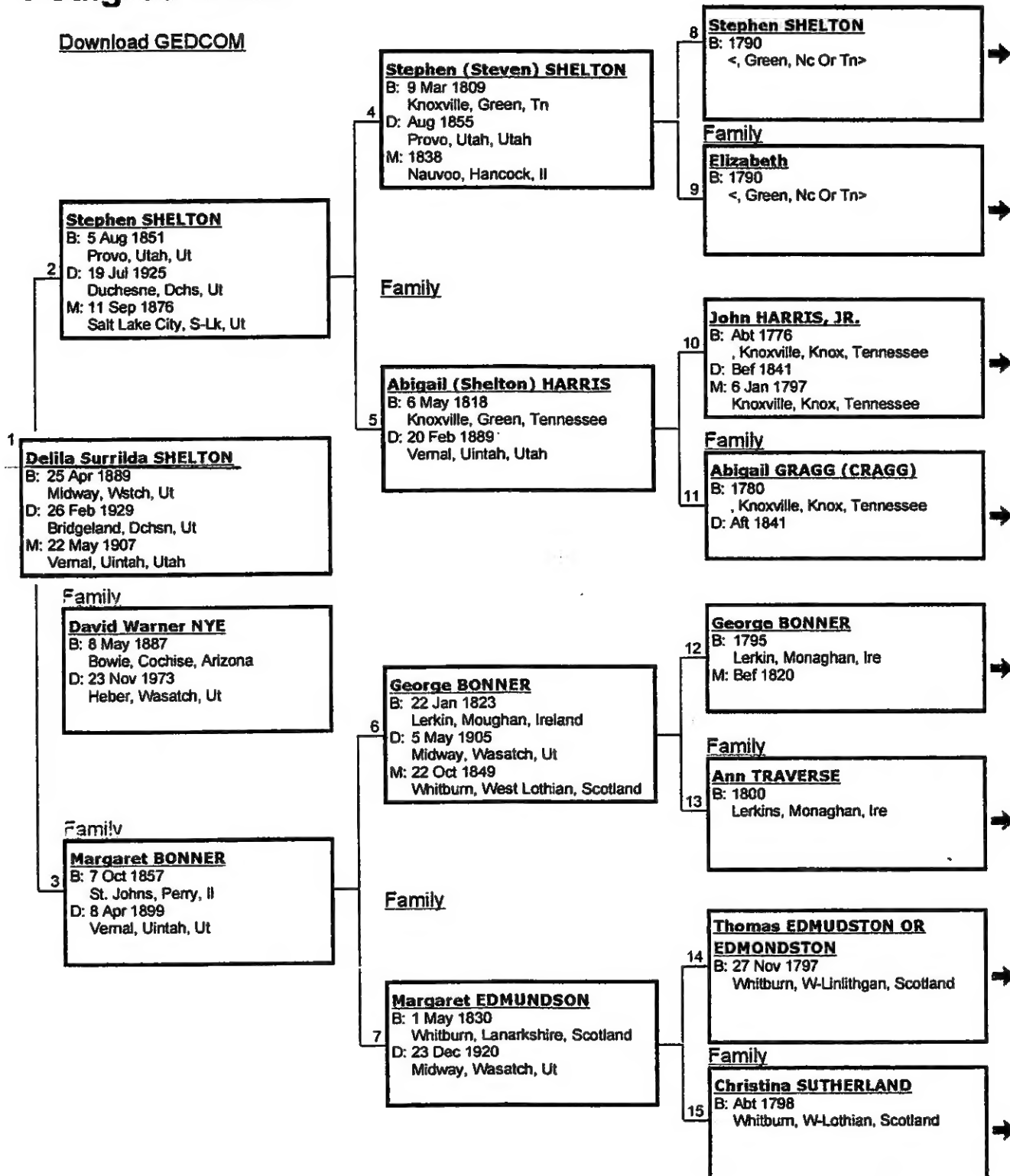


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